10/08/2010 12:28

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## FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE 20 F STREET, NW ADDRESS (number and street) SUITE 310 C Check if different than previously WASHINGTON DC 20001 6704 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00325936 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Sidney Levitsky Type or Print Name of Treasurer Electronically Filed by Dr. Sidney Levitsky 10 8 0 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/21

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

D D <sup>®</sup>D 0 1 09 2010 0.9 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 103352.22 January 1 (b) Cash on Hand at 87965.30 Begining of Reporting Period ..... 7315.00 118285.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 95280.30 221637.22 6(a) and 6(c) for Column B) ..... 40825.38 167182.30 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 54454.92 54454.92 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 21

2 0 1 0

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M M O 9 0 1 7 7 W Y Y TO: M M M O 9 3 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	(other than loans) From:		
	litical Committees ized (use Schedule A)	6915.00	109805.00
(ii) Unit	emized	400.00	8480.00
(iii) TOT Line	AL (add s 11(a)(i) and (ii)	7315.00	118285.00
• ,	Party Committees	0.00	0.00
(such as	PACs)ntributions (add Lines	0.00	0.00
	(b) and (c)) (Carry Line 33, page 5)	7315.00	118285.00
12. Transfers Fro Party Commit	om Affiliated/Other tees	0.00	0.00
13. All Loans Red	ceived	0.00	0.00
	ents Received	0.00	0.00
(Refunds, Re (Carry Totals 16. Refunds of C	to Line 37, page 5)	0.00	0.00
to Federal car	ndidates and Other mittees	0.00	0.00
17. Other Federa (Dividends, Ir	Receipts lterest, etc.)	0.00	0.00
	m Non-Federal and Levin Funds		
(a) Non-Fede (from Scl	nedule H3)	0.00	0.00
(b) Levin Fun	ds (from Schedule H5)	0.00	0.00
(c) Total Tran	sfer (add 18(a) and 18(b)).	0.00	0.00
	s (add Lines 11(d), , 16, 17, and 18(c))	7315.00	118285.00
0. Total Federal (subtract Line	Receipts 18(c) from Line 19)	7315.00	118285.00

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	205.00	5100.00
Expenditures	325.38	5182.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	325.38	5182.30
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	40500.00	162000.00
and Other Political Committees	4000.00	102000.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use scriedule i )		
S. Loan Repayments Made	0.00	0.00
'. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) i ederal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Diaburaamenta (add Lines 21/a) 22		
<ol> <li>Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).</li> </ol>	40825.38	167182.30
20, 27, 20, 20, 27, 20(d), 20 and 30(0))		107 102100
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	40005.00	107100 00
from Line 31)	40825.38	167182.30

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 21

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	7315.00	118285.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7315.00	118285.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	325.38	5182.30
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	325.38	5182.30

FE6AN026

ation copied from such Reports and shercial purposes, other than using the DF COMMITTEE (In Full) ETY OF THORACIC SURGEON THE (Last, First, Middle Initial) THE SW. Asaph Address 4401 Southwest Wester and solitical committee.  If Employer  For: Imary General ther (specify) The (Last, First, Middle Initial) Typier Greenfield  Address 2050 Meadowview Pathors  The poort of contributing solitical committee.	NS POLITICA  tidale Drive  State OR  C  Occupation Physician Aggregate  arkway  State TN	Zip Code 97221	Date of Receipt  Date of Receipt  Transaction ID: SA11AI.10090  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt this Period  250.00  Transaction ID: SA11AI.10060  Amount of Each Receipt this Period
ine (Last, First, Middle Initial) ines W. Asaph Address 4401 Southwest Wes  and  number of contributing political committee.  f Employer  For: imary General ther (specify)  ine (Last, First, Middle Initial) yler Greenfield Address 2050 Meadowview Paragent	State OR C Occupation Physician Aggregate  arkway State TN	Zip Code 97221 1 1 Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 4401 Southwest Wes  Address 4401 Southwest Wes  and  number of contributing political committee.  If Employer  For: Imary General Ither (specify)  Image: General General General Ither (specify)  Image: General General General General Ither (specify)  Image: General Gene	State OR C Occupation Physician Aggregate  arkway State TN	97221  1	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
number of contributing political committee.  If Employer  For: Imary General ther (specify)  Intermediate General ther (specify)  Intermediate General there (specify)  Intermediate Gen	State OR C Occupation Physician Aggregate  arkway State TN	97221  1	Date of Receipt    Date of Receipt   Date of Rec
number of contributing political committee.  f Employer  For: rimary General ther (specify)  ne (Last, First, Middle Initial) yler Greenfield  Address 2050 Meadowview Paragont	OR C Occupation Physician Aggregate  arkway State TN	97221  1	Date of Receipt  Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
number of contributing political committee.  f Employer  For: rimary General ther (specify)  ne (Last, First, Middle Initial) yler Greenfield  Address 2050 Meadowview Paragont	Occupation Physician Aggregate  arkway  State TN	Year-to-Date ▼  250.00  Zip Code	Date of Receipt    M
For: For: For: Firmary General ther (specify)  Inc (Last, First, Middle Initial) Voler Greenfield Address 2050 Meadowview Parage	Occupation Physician Aggregate  arkway State TN	Year-to-Date ▼  250.00  Zip Code	Date of Receipt  O 9  O 3  Transaction ID: SA11AI.10060
For:  imary General  ther (specify)   ne (Last, First, Middle Initial) yler Greenfield  Address 2050 Meadowview Pa	Physician Aggregate  arkway State TN	Year-to-Date ▼  250.00  Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General ther (specify)   ne (Last, First, Middle Initial) yler Greenfield Address 2050 Meadowview Pa	arkway State TN	250.00 Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
yler Greenfield Address 2050 Meadowview Pa	State TN	·	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 2050 Meadowview Pa	State TN	·	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	TN	·	Transaction ID: SA11AI.10060
		37660	
number of contributing			
political committee.	C		365.00
f Employer nt	Occupation Physician		
For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
ne (Last, First, Middle Initial) ine Guleserian			Date of Receipt
Address 1935 Medical District	Drive		0 9 2 0 1 0
	State	Zip Code	Transaction ID: SA11AI.10080
	TX	75235	Amount of Each Receipt this Period
number of contributing political committee.	C		250.00
f Employer n's Medical Center			
For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	ne (Last, First, Middle Initial) ne Guleserian Address 1935 Medical District number of contributing political committee.  Employer I's Medical Center  For: imary General	ne (Last, First, Middle Initial) ne Guleserian Address 1935 Medical District Drive  State TX  number of contributing political committee.  Employer I's Medical Center  For: Imary General  Address 1935 Medical District Drive  Occupation Physician	ne (Last, First, Middle Initial) ne Guleserian  Address 1935 Medical District Drive  State Zip Code TX 75235  number of contributing political committee.  C  Employer 1's Medical Center  For: Imary General  Aggregate Year-to-Date ▼

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 21 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to ONS POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert A. Gustafson  Mailing Address P.O. Box 9238		Date of Receipt
City	State Zip Code	0 9 0 3 2 0 1 0 Transaction ID: SA11Al.10061
Morgantown	WV 26505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer West Virginia University	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. John R. Handy		Date of Receipt
Mailing Address 16955 Old River Di	rive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lake Oswego	State Zip Code OR 97034	Transaction ID: SA11AI.10083  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Providence Thoracic Oncol- ogy	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Connie C. Hutton		Date of Receipt
Mailing Address 500 Medical Center	r Boulevard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.10081
Conroe	TX 77304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Southern Texas Physicians	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1600.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 21 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee DNS POLITICAL ACTION COMMITTEE	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Fraser M. Keith Mailing Address 742 Glendale Bouler  City Mansfield  FEC ID number of contributing federal political committee.  Name of Employer Midwestern Cardiac Surgery  Receipt For: Primary General Other (specify)	State Zip Code OH 44907  C  Occupation Physician  Aggregate Year-to-Date  750.00	Date of Receipt  M M J D D J Z D 1 Q  Transaction ID: SA11AI.10056  Amount of Each Receipt this Period  750.00
Full Name (Last, First, Middle Initial) Dr. Michael C. Mauney Mailing Address 13 Countryside Lane  City St. Louis  FEC ID number of contributing federal political committee.  Name of Employer CT and Vascular Surgery, Inc.  Receipt For: Primary General Other (specify)	State Zip Code MO 63131  C  Occupation Physician Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: SA11AI.10091  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr. Alexander H. Moskovitz Mailing Address 6597 Jeremie Drive  City San Jose FEC ID number of contributing federal political committee.  Name of Employer Kaiser Santa Clara  Receipt For: Primary General Other (specify)	State Zip Code CA 95120  C  Occupation Physician Aggregate Year-to-Date   500.00	Date of Receipt  M M M 22 2 2010  Transaction ID: SA11AI.10092  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numb		1750.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one)    X
or for con	nmercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) SETY OF THORACIC SURGEON	S POLITICA	AL ACTION COMMITTEE	
A. Dr. Joh	ame (Last, First, Middle Initial) nn C. Myers			Date of Receipt
Mailin	g Address 8526 Spring Brook Ro	ad		09 20 7 2010
City	f l	State	Zip Code	Transaction ID: SA11AI.10082
	Tord  D number of contributing I political committee.	C	61114	Amount of Each Receipt this Period 200.00
	of Employer sh American Hospital	Occupation		
Receip	<u> </u>	Physicia		
	Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1600.00	]
B. Dr. Ale	ame (Last, First, Middle Initial) ejandro J. Sequeira	1		Date of Receipt
Mailing	g Address 8 Redtree Lane			09 22 2010
City		State	Zip Code	Transaction ID: SA11AI.10093
	ertown	MD	21136	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		500.00
Name Sinai I re	of Employer Hospital of Baltimo-	Occupation Physicia		
Receip		Aggregate	e Year-to-Date ▼	
	Primary ☐ General  Other (specify) ▼	0 0	500.00	
	ame (Last, First, Middle Initial) fandiar Shafii	1		Date of Receipt
Mailin	g Address 10318 Orange Grove	Drive		0 9 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11Al.10057
<u>Tam</u>		FL	33618	Amount of Each Receipt this Period
federa	D number of contributing I political committee.	C		500.00
Self	of Employer	Occupation Physicia	n	
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTO	FAL of Receipts This Page (optional)			1200.00
	This Period (last page this line number			

PAGE 10/21 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Norman W. Thoms Date of Receipt A. Mailing Address 5420 Southeast 37th Street 09 30 2010 City State Zip Code Transaction ID: SA11AI.10096 **Tecumseh** KS 66542 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Retired Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 1100.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr. Aaron L. Trachte Date of Receipt Mailing Address 7712 Wyatt Lake Drive 0 9 02 2010 City Transaction ID: SA11AI.10058 State Zip Code Lawton OK 73505 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Comanche County Hospital Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 500.00

		450000
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1500.00
TOTAL This Period (last page this line number only)	<b>•</b>	6915.00

Other (specify)

В.

C.

ago# 1000101 1101			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N	one)
	Detailed Summary Page	X 21b 27	22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			r the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PO	LITICAL ACTION COMM	IITTEE	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.10063 Date of Disbursement
Mailing Address P.O. Box 53852			09 / 03 / 2010
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			11.86
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
American Express			Transaction ID: SB21B.10084  Date of Disbursement
Mailing Address P.O. Box 53852			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$ / $\begin{bmatrix} D & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix}$ / $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
•	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			8.13
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.10116 Date of Disbursement
Mailing Address P.O. Box 53852			0 9 M / 2 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			4.95
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	<b>₹</b>		
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	24.94

TOTAL This Period (last page this line number only) .....

A.

В.

# SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 12/21 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.10064 Merchant Services Date of Disbursement 0 2 0 9 2010 Mailing Address 7300 Chapman Highway City State Zip Code Amount of Each Disbursement this Period Knoxville ΤN 37920 190.47 Purpose of Disbursement Credit Card Fees Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.10085 SunTrust Date of Disbursement 0 9 2010 Mailing Address 3440 Wisconsin Avenue, NW City State Zip Code Amount of Each Disbursement this Period 20016 Washington DC 109.97 Purpose of Disbursement Bank Charges Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	300.44
TOTAL This Period (last page this line number only)		325.38

Other (specify)

State:

S	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		_	R LINE	_		₹:			Р	AGE	13 / 2	21
ľ	TEMIZED DISBURSEMENTS	for each	category of the Summary Page		(cr	eck on 21b 27	22 28	2 [	X	23 28b	F	24 28c	F	25 29	26 30b
	ny Information copied from such Reports and Statem for commercial purposes, other than using the name														3
	NAME OF COMMITTEE (In Full)  SOCIETY OF THORACIC SURGEONS PO						511011 0	<u> </u>							
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) A LOT OF PEOPLE WHO SUPPORT JEF	F BINGAN	MAN							on ID		SB23	.100	86	
	Mailing Address P.O. BOX 16210							9	И	D	2 2	2 /	ž	0 1 C	) <sup>Y</sup>
	,	State NM	Zip Code 87191				Ar	nour	nt of	Eacl	h C	isburs	-		
	Purpose of Disbursement CONTRIBUTION				_		L	-		-			10	00.00	)
	Candidate Name JEFF BINGAMAN			С	ateg Typ										
	X Senate X President	ment For: Primary Other (spe	2012 General												
В.	State: NM District: 00  Full Name (Last, First, Middle Initial)  ANDY HARRIS FOR CONGRESS									on ID		SB23	.101	03	
	Mailing Address P.O. BOX 1527						ď	9	Л	D ;	3 (	) /	ž	0 1 0	Y
		State MD	Zip Code 21404				Ar	nour	nt of	Eacl	h D	isburs	emen	t this I	Period
	Purpose of Disbursement CONTRIBUTION				•				0		0		10	00.00	)
	Candidate Name ANDREW P. HARRIS			С	ateg Typ										
	Office Sought:  X House Senate President  State: MD District: 01	ment For: Primary Other (spe	2010 X General ecify) ▼												
С.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS						Da	ite o	f Di	sburs	sen				
	Mailing Address P.O. BOX 261060						ď	9	M /	D ;	3 (	) /	ž	0 1 C	) <sup>Y</sup>
		State CA	Zip Code 90026				Ar	nour	nt of	Eacl	h C	isburs	emen	t this f	Period
	Purpose of Disbursement CONTRIBUTION			Г			L	_	-				15	00.00	
	Candidate Name XAVIER BECERRA			С	ateg Typ										
	Office Sought:  X House Senate President State: CA District: 31	ment For: Primary Other (spe	2010 X General ecify) ▼												
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) BERIKLEY FOR CONGRESS  Mailing Address 3069 CONQUISTA COURT  City LAS VEGAS NV 89121  Purpose of Disbursement CONTRIBUTION Candidate Name SHELLEY BERKLEY  Office Sought: Veryose of Disbursement For: 2010 Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS  Mailing Address P.O. BOX 15703  City TALLAHASSEE FL 32317  Purpose of Disbursement CONTRIBUTION Candidate Name F. ALLEN BOYD, JR.  Office Sought: Veryose of Disbursement CONTRIBUTION Candidate Name F. ALLEN BOYD, JR.  Office Sought: Veryose of Disbursement CONTRIBUTION Candidate Name F. ALLEN BOYD, JR.  Office Sought: Veryose of Disbursement CONTRIBUTION Candidate Name F. ALLEN BOYD, JR.  Office Sought: Veryose of Disbursement CONTRIBUTION Candidate Name F. ALLEN BOYD, JR.  Office Sought: Veryose of Disbursement CONTRIBUTION Candidate Name F. ALLEN BOYD, JR.  Office Sought: Veryose of Disbursement CONTRIBUTION Candidate Name President State: FL 32317  Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS  Mailing Address P.O. BOX 250  City Senate Primary Senate Primary A General Purpose of Disbursement CONTRIBUTION Candidate Name Category' Type  Amount of Each Disbursement Disbursement For: 2010 Category' Type  Category' Type  Category' Type  Category' Type  Office Sought: Veryose of Disbursement CONTRIBUTION Candidate Name LARRY Decident Disbursement For: 2010 Category' Type  Category' Type  Office Sought: Veryose of Disbursement For: 2010 Category' Type  Category' Type  Office Sought: Veryose of Disbursement For: 2010 Category' Type  Office Sought: Veryose of Disbursement For: 2010 Category' Type  Office Sought: Veryose of Disbursement For: 2010 Category' Type  Office Sought: Veryose of Disbursement For: 2010 Category' Type  Office Sought Veryose of Disbursement For: 2010 Category' T	ITEMI	ZED DISBURSEMEN	ITS	for each o	category of the		21b	22					
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	Full Name (Last,	First, Middle Initial) JOHN BOEHNER								action ID			10087		
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	NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS				
<i></i>	Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH				Transaction ID: SB23.10104 Date of Disbursement
	Mailing Address P. O. BOX 189				09
	City MOUNT KISCO	State NY	Zip Code 10549		Amount of Each Disbursement this Period
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	Candidate Name NAN HAYWORTH		2010	Category/ Type	
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	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE						Trans		on ID:	_		100	73	
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	Full Name (Last, First, Middle Initial) JIM JORDAN FOR CONGRESS							of Di	sburs	eme	nt			
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NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PO	DLITICAL ACTION COM	IMITTEE		
Full Name (Last, First, Middle Initial)  A. JOHN SULLIVAN FOR CONGRESS			Date of Disbu	
Mailing Address P.O. BOX 470840			09 /	2010
City TULSA	State Zip Code OK 74147		Amount of Eac	ch Disbursement this Period
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Candidate Name JOHN SULLIVAN	ment Fee: 2010	Category/ Type		
Office Sought:  X House Senate President State: OK District: 01	ment For: 2010 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial)  PETE STARK RE-ELECTION COMMITTE			Date of Disbu	
Mailing Address P.O. BOX 8331			09 /	2010
City FREMONT	State Zip Code CA 94537		Amount of Eac	ch Disbursement this Period
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Candidate Name FORTNEY P. STARK		Category/ Type		
Office Sought:  X House Senate President State: CA District: 13	ment For: 2010 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) C. PORTMAN FOR SENATE			Date of Disbur	
Mailing Address 8331 LITTLE HARBOR [	PRIVE		09 /	2 0 1 0 Y
City CINCINNATI	State Zip Code OH 45244		Amount of Eac	ch Disbursement this Period
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•	RAJ GOYLE FOR CONGRESS				Date o	of Disburs			_ Y
	Mailing Address P.O. BOX 780971				0 9	3	3 0	Ž01	0
	City WICHITA	State Zip Code KS 67278			Amou	nt of Each	Disburse	ement this	
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	Mailing Address P.O. BOX 5928				0 9	M / D 2	22	žož	0 1
	City WINSTON-SALEM	State Zip Code NC 27113			Amou	nt of Each	Disburse	ement this	Period
	Purpose of Disbursement CONTRIBUTION		Г		L.			1500.00	)
	Candidate Name RICHARD BURR			ategory/ Type					
	Office Sought:    House   Disburse       X Senate       President       State: NC   District: 00	ement For: 2010 Primary X General Other (specify)							
	Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN	N			Date o	of Disburs		10070	
	Mailing Address P.O. BOX 13026				0 <sup>M</sup> 9	M / D	16	žož	0 <sup>Y</sup>
	City AUSTIN	State Zip Code TX 78711			Amou	nt of Each	Disburse	ement this	Period
	Purpose of Disbursement CONTRIBUTION		Г		L.			1000.00	)
	Candidate Name JOHN CORNYN			ategory/ Type					
	X Senate X President	ement For: 2014 Primary General Other (specify)							
<u></u>	State: TX District: 00  SUBTOTAL of Disbursements This Page (optional)			▶		•		3500.00	) )
Г	OTAL This Period (last page this line number only)					•	•	1 113	•
Ι'	The remark of the contract page this into humber only								

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  Any Information copied from such Reports and Statement for a page page 1 the statement of the page 1 the page	for each category of the Detailed Summary Page (check on 21b 27 ents may not be sold or used by any person	22 X 23 24 25 26 28a 28b 28c 29 30b for the purpose of soliciting contributions
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)  SOCIETY OF THORACIC SURGEONS PC		official contributions from such committee
Full Name (Last, First, Middle Initial) WASSERMAN-SCHULTZ FOR CONGRES  Mailing Address 1071 TWIN BRANCH LAI		Transaction ID: SB23.10110 Date of Disbursement
WESTON Purpose of Disbursement CONTRIBUTION Candidate Name DEBBIE WASSERMAN SCHULTZ	State Zip Code FL 33326  Category/ Type	Amount of Each Disbursement this Period 1500.00
Office Sought:  X House Senate President State: FL District: 20	ment For: 2010 Primary X General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	1500.00
TOTAL This Period (last page this line number only)	<b>•</b>	40500.00